



Due By April 30, 2010

ID#106614

09 FS-1

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 MAR 29 PM 2:45

SAMUEL A AZZINARO
24 FIRST STREET
WESTERLY RI 02891-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL QUESTIONS** AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the
Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly
Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such
filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. AZZINARO (LAST) SAMUEL (FIRST) A. (INITIAL)

2. 24 (HOME ADDRESS) 1ST STREET (STREET) Westerly (CITY/TOWN) 02891 (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE Representative (PUBLIC POSITION) DIST. 37 (MUNICIPALITY, STATE OR REGIONAL) STATE

(PUBLIC POSITION)

(MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/4/08 (date) I was appointed on _____ (date) I was hired on _____ (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

N/A

5. List the following: NAME OF SPOUSE

CAROL AZZINARO

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
SAMUEL A. AZZINARO	SELF - Carpenter STATE Representative	1/1/09 - 8/30/09 1/4/09 - 12/31/09
CAROL AZZINARO	WESTERLY HOSPITAL	1/1/09 - 12/31/09
MARY AZZINARO	ANDREA HOTEL GUYTON'S REST.	4/1/09 - 8/1/09 8/2/09 - 12/31/09

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
N/A		

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: _____

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
N/A		

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

N/A

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

- ## HOW REGULATED

- NAME AND ADDRESS OF LENDER

THIS STATEMENT WILL BE RETURNED IF IT IS ~~NOT~~ SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.